		FOR OHF USE					

LL1

2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0041723

Facility Name: Provena Our Lady of Victory

Address: 20 Briarcliff Lane (Number) Bourbonnais (City) 60914 (Zip Code)

County: Kankakee

Telephone Number: (815)937-2022 **Fax #** ( )

IDPA ID Number: 371127787009

Date of Initial License for Current Owners: 11/6/81

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL		
	X	Charitable Corp.		Individual		State	
		Trust		Partnership		County	
IRS Exemption Code	501c3			Corporation		Other	
				"Sub-S" Corp.			
				Limited Liability Co.			
				Trust			
				Other			

In the event there are further questions about this report, please contact:
Name: Lynda Olinski **Telephone Number:** (708)478-7916

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/03 to 12/31/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) Michael R Gordon
(Title) Vice President

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	55	Skilled (SNF)	55	20,075	1
2		Skilled Pediatric (SNF/PED)			2
3	52	Intermediate (ICF)	52	18,980	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	107	TOTALS	107	39,055	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			2,905	2,905	8
9	SNF/PED					9
10	ICF	28,538	4,090		32,628	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,538	4,090	2,905	35,533	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.98%

D. How many bed-hold days during this year were paid by Public Aid?
192 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A - None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 11/16/1981

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 1/01/1900 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 9 and days of care provided 2,905

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Provena Our Lady of Victory # 0041723 **Report Period Beginning:** 1/1/03 **Ending:** 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	179,645	(2,462)	16,546	193,729		193,729		193,729			1
2	Food Purchase		151,496		151,496		151,496	1,056	152,552			2
3	Housekeeping	106,152	23,755	1,470	131,377		131,377		131,377			3
4	Laundry	52,172		5,134	57,306		57,306		57,306			4
5	Heat and Other Utilities			119,665	119,665		119,665	2,106	121,771			5
6	Maintenance	50,584	1,738	30,757	83,079		83,079	303	83,382			6
7	Other (specify):* Pastoral Care/Devel.	62,020			62,020		62,020	(32,445)	29,575			7
8	**TOTAL General Services**	450,573	174,527	173,572	798,672		798,672	(28,980)	769,692			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	1,425,127	62,028	385,307	1,872,462		1,872,462		1,872,462			10
10a	Therapy		790	131,137	131,927		131,927		131,927			10a
11	Activities	57,594	381	23	57,998		57,998		57,998			11
12	Social Services	23,709			23,709		23,709		23,709			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,506,430	63,199	522,467	2,092,096		2,092,096		2,092,096			16
	C. General Administration											
17	Administrative	163,436	3,480	352,936	519,852		519,852	(185,533)	334,319			17
18	Directors Fees											18
19	Professional Services			102,341	102,341		102,341	5,012	107,353			19
20	Dues, Fees, Subscriptions & Promotions			18,397	18,397		18,397	(3,229)	15,168			20
21	Clerical & General Office Expenses		9,930	16,227	26,157		26,157	(10,256)	15,901			21
22	Employee Benefits & Payroll Taxes			536,538	536,538		536,538	19,407	555,945			22
23	Inservice Training & Education			4,564	4,564		4,564	3,150	7,714			23
24	Travel and Seminar			5,448	5,448		5,448	1,983	7,431			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			40,256	40,256		40,256		40,256			26
27	Other (specify):* Bad Debt			61,033	61,033		61,033	(61,007)	26			27
28	**TOTAL General Administration**	163,436	13,410	1,137,740	1,314,586		1,314,586	(230,473)	1,084,113			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,120,439	251,136	1,833,779	4,205,354		4,205,354	(259,453)	3,945,901			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification

Facility Name & ID Number Provena Our Lady of Victory #0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			233,016	233,016		233,016	(4,744)	228,272			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							77,679	77,679			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds							6,140	6,140			34
35	Rent-Equipment & Vehicles			47,922	47,922		47,922	504	48,426			35
36	Other (specify):*											36
37	**TOTAL Ownership**			280,938	280,938		280,938	79,579	360,517			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			249,855	249,855		249,855		249,855			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			58,582	58,582		58,582		58,582			42
43	Other (specify):*			218	218		218		218			43
44	**TOTAL Special Cost Centers**			308,655	308,655		308,655		308,655			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,120,439	251,136	2,423,372	4,794,947		4,794,947	(179,874)	4,615,073			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(6,094)	30		9
10	Interest and Other Investment Income	(113)	32		10
11	Discounts, Allowances, Rebates & Refunds	(12,682)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(150)	17		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(61,007)	27		24
25	Fund Raising, Advertising and Promotional	(6,008)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (86,054)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(24,261)	VAR	34
35	Other- Attach Schedule	(69,559)	VAR	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (93,820)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (179,874)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Provena Our Lady of Victory

ID# 0041723

Report Period Beginning: 1/1/03

Ending: 12/31/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Development Salaries	$ (32,445)	7	1
2	Development Misc. Net Assets Released	(33,525)	17	2
3	Development Postage	(250)	21	3
4	Development Benefits	(2,195)	22	4
5	Development Consulting	(900)	19	5
6	Development Travel	(244)	24	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(69,559)		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Provena Our Lady of Victory **#** 0041723 **Report Period Beginning:** 1/1/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	1,056	0	0	0	0	0	0	0	0	0	1,056	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	2,106	0	0	0	0	0	0	0	0	0	2,106	5
6	Maintenance	0	303	0	0	0	0	0	0	0	0	0	303	6
7	Other (specify):*	(32,445)	0	0	0	0	0	0	0	0	0	0	(32,445)	7
8	**TOTAL General Services**	(32,445)	3,465	0	0	0	0	0	0	0	0	0	(28,980)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Program**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(33,675)	(151,858)	0	0	0	0	0	0	0	0	0	(185,533)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(900)	5,912	0	0	0	0	0	0	0	0	0	5,012	19
20	Fees, Subscriptions & Promotions	(6,008)	2,779	0	0	0	0	0	0	0	0	0	(3,229)	20
21	Clerical & General Office Expenses	(12,932)	2,676	0	0	0	0	0	0	0	0	0	(10,256)	21
22	Employee Benefits & Payroll Taxes	(2,195)	21,602	0	0	0	0	0	0	0	0	0	19,407	22
23	Inservice Training & Education	0	3,150	0	0	0	0	0	0	0	0	0	3,150	23
24	Travel and Seminar	(244)	2,227	0	0	0	0	0	0	0	0	0	1,983	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(61,007)	0	0	0	0	0	0	0	0	0	0	(61,007)	27
28	**TOTAL General Administration**	(116,961)	(113,512)	0	0	0	0	0	0	0	0	0	(230,473)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(149,406)	(110,047)	0	0	0	0	0	0	0	0	0	(259,453)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Provena Our Lady of Victory** **#** **0041723** **Report Period Beginning:** **1/1/03** **Ending:** **12/31/03**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(6,094)	0	1,350	0	0	0	0	0	0	0	0	(4,744)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(113)	0	77,792	0	0	0	0	0	0	0	0	77,679	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	6,140	0	0	0	0	0	0	0	0	6,140	34
35	Rent-Equipment & Vehicles	0	0	504	0	0	0	0	0	0	0	0	504	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(6,207)	0	85,786	0	0	0	0	0	0	0	0	79,579	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(155,613)	(110,047)	85,786	0	0	0	0	0	0	0	0	(179,874)	45

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2	Food Purchase	$	Provena Senior Services	100.00%	$ 1,056	$ 1,056	1
2	V	3	Housekeeping - Supplies		Provena Senior Services	100.00%	0		2
3	V	5	Heat & Other Utilities		Provena Senior Services	100.00%	2,106	2,106	3
4	V	6	Maintenance - Other		Provena Senior Services	100.00%	303	303	4
5	V	17	Admin Salary Other Admin		Provena Senior Services	100.00%	72,187	72,187	5
6	V	17	Admin - Other	236,933	Provena Senior Services	100.00%	12,888	(224,045)	6
7	V	19	Professional Services		Provena Senior Services	100.00%	5,912	5,912	7
8	V	20	Dues, Fees, Subs & Promotions		Provena Senior Services	100.00%	2,779	2,779	8
9	V	21	Clerical/Genl Supplies		Provena Senior Services	100.00%	1,769	1,769	9
10	V	21	Clerical/Gen - Other		Provena Senior Services	100.00%	907	907	10
11	V	22	Emp Benefits & Payroll Taxes		Provena Senior Services	100.00%	21,602	21,602	11
12	V	23	Inservice Training & Education		Provena Senior Services	100.00%	3,150	3,150	12
13	V	24	Travel & Seminar		Provena Senior Services	100.00%	2,227	2,227	13
14	Total			$ 236,933			$ 126,886	$ * (110,047)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	30	Depreciation	$	Provena Senior Services	100.00%	$ 1,350	$ 1,350	15
16	V	32	Interest		Provena Senior Services	100.00%	77,792	77,792	16
17	V	34	Rent - Facility & Grounds		Provena Senior Services	100.00%	6,140	6,140	17
18	V	35	Rent - Equipment & Vehicles		Provena Senior Services	100.00%	504	504	18
19	V	17	Admin - Other	67,572	Provena Health	100.00%	67,572		19
20	V	19	Professional Services	47,707	Provena Health	100.00%	47,707		20
21	V	39	Ancillary Service Centers - Other	249,855	Provena Senior Services Pharmacy	100.00%	249,855		21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 365,134			$ 450,920	$ * 85,786	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Senior Services
Street Address: 19065 Hickory Creek Drive, Ste 310
City / State / Zip Code: Mokena, IL60448
Phone Number: (708)478-7900
Fax Number: (708)478-5387

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food Purchase	Mgmt Fee Income	5,373,327	16	$ 23,945	$	236,933	$ 1,056	1
2	3	Housekeeping - Supplies	Mgmt Fee Income	5,373,327	16	(3)		236,933	0	2
3	5	Heat & Other Utilities	Mgmt Fee Income	5,373,327	16	47,756		236,933	2,106	3
4	6	Maintenance - Other	Mgmt Fee Income	5,373,327	16	6,877		236,933	303	4
5	17	Admin Salary Other Admin	Mgmt Fee Income	5,373,327	16	1,637,117	1,637,117	236,933	72,187	5
6	17	Admin - Other	Mgmt Fee Income	5,373,327	16	292,291		236,933	12,888	6
7	19	Professional Services	Mgmt Fee Income	5,373,327	16	134,066		236,933	5,912	7
8	20	Dues, Fees, Subs & Promotions	Mgmt Fee Income	5,373,327	16	63,031		236,933	2,779	8
9	21	Clerical/Genl Supplies	Mgmt Fee Income	5,373,327	16	40,128		236,933	1,769	9
10	21	Clerical/Gen - Other	Mgmt Fee Income	5,373,327	16	20,574		236,933	907	10
11	22	Emp Benefits & Payroll Taxes	Mgmt Fee Income	5,373,327	16	489,898		236,933	21,602	11
12	23	Inservice Training & Education	Mgmt Fee Income	5,373,327	16	71,446		236,933	3,150	12
13	24	Travel & Seminar	Mgmt Fee Income	5,373,327	16	50,497		236,933	2,227	13
14	30	Depreciation	Mgmt Fee Income	5,373,327	16	30,618		236,933	1,350	14
15	32	Interest	Mgmt Fee Income	5,373,327	16	1,764,218		236,933	77,792	15
16	34	Rent - Facility & Grounds	Mgmt Fee Income	5,373,327	16	139,255		236,933	6,140	16
17	35	Rent - Equipment & Vehicles	Mgmt Fee Income	5,373,327	16	11,422		236,933	504	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,823,136	$ 1,637,117		$ 212,672	25

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Health Services
Street Address: 9223 West St. Francis Road
City / State / Zip Code: Frankfurt, IL 60423
Phone Number: (815)469-4888
Fax Number: (815)469-4864

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Admin - Other	Direct Allocation			$	$		$ 67,572	1
2	19	Professional Services	Direct Allocation						47,707	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 115,279	25

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Senior Services Pharmacy
Street Address: 1475 Harvard Drive
City / State / Zip Code: Kankakee, IL 60901
Phone Number: (815)928-6141
Fax Number: (815)946-3238

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Ancillary Services - Other	Direct Allocation			$	$		$ 249,855	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 249,855	25

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10	Provena Senior Services										77,679	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 77,679	14
15	TOTALS (line 9+line14)						$	$			$ 77,679	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Provena Our Lady of Victory # 0041723 **Report Period Beginning:** 1/1/03 **Ending:** 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2002 report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1998		8
1999		9
2000		10
2001		11
2002		12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual o taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Provena Our Lady of Victory COUNTY Kankakee

FACILITY IDPH LICENSE NUMBER 0041723

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200.

	(A) Tax Index Numbe	(B) Property Descriptio	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 43,172 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home		1981	$ 135,000	1
2	Related Party		1985	3,003	2
3	TOTALS			$ 138,003	3

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	80			1981	$ 507,112	$ 20,284	25	$ 20,284	$	$ 449,631	4
5	8			1984	726,964	29,079	25	29,079		581,136	5
6	9			1987	60,646	1,425	35	1,425			6
7	10			1995	2,355,336	59,615	35	59,615			7
8											8
	Improvement Type**										
9	VARIOUS			1982	95,473	3,819	20	3,819		82,108	9
10	VARIOUS			1985	300		20			300	10
11	VARIOUS			1986	17,173	818	20	818		13,496	11
12	VARIOUS			1987	14,973	713	20	713		11,761	12
13	VARIOUS			1988	12,127	384	20	384		12,127	13
14	VARIOUS			1989	1,046	70	20	70		941	14
15	VARIOUS			1990	90,796	6,053	20	6,053		81,716	15
16	VARIOUS			1991	21,073		20			21,073	16
17	VARIOUS			1992	20,449	608	20	608		14,982	17
18	VARIOUS			1994	3,258	120	20	120		3,198	18
19	VARIOUS			1995	164,881	4,805	20	4,805		49,302	19
20	VARIOUS			1996	97,011	5,324	20	5,324		44,353	20
21	VARIOUS			1997	200,728	7,769	20	7,769		135,131	21
22	VARIOUS			1998	48,287	5,341	20	5,341		45,727	22
23	VARIOUS			1999	74,075	6,634	20	6,634		43,275	23
24	DESC: CEILING PATCH			2000	1,502	300	5	300		1,051	24
25	DESC: ROOM ID SIGNS			2000	1,273	182	7	182		637	25
26	DESC: COMMON AREA ASSESSMENT - OLV			2000	2,743	549	5	549		1,920	26
27	DESC: RGB MAJOR BUILDING CONSULTIN			2000	5,712	571	10	571		1,999	27
28	DESC: CARPET WEAVERS - A WING			2000	5,206	1,041	5	1,041		3,644	28
29	DESC: DICK'S ASPHALT SERVICE			2000	8,300	830	10	830		2,905	29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	DESC: LAUNDRY ROOM SINK	2001	$ 6,500	$ 1,300	5	$ 1,300	$	$ 3,250	37
38	DESC: NATURAL GAS WATER HEATER - A	2001	3,225	806	4	806		2,016	38
39	DESC: RGB MAJOR BUILDING CONSULTIN	2001	495	99	5	99		248	39
40	DESC: AIR COMPRESSOR & SPRINKLER R	2001	1,868	374	5	374		934	40
41	DESC: WATER HEATER (A O SMITH)	2001	3,810	381	10	381		953	41
42	DESC: WATER SERVICE	2001	7,950	1,590	5	1,590		3,975	42
43	DESC: REPLACE RESIDENT ROOM "THROU	2001	1,335	134	10	134		334	43
44	DESC: SPRINKLER REPLACEMENT	2001	662	132	5	132		331	44
45	DESC: SPRINKLER SYSTEM	2001	4,904	981	5	981		2,452	45
46	DESC: SPRINKLER SYSTEM	2001	76,441	7,644	10	7,644		19,110	46
47									47
48	DESC: PAINTING, PATCHING AND SANDI	2002	4,733	947	5	947		1,420	48
49	DESC: 80 GAL HOT WATER HEATER	2002	2,301	230	10	230		345	49
50	DESC: ELECTRIC HEATING AND COLLOIN	2002	3,990	266	15	266		399	50
51	DESC: REPAIR BROKEN PIPE IN ATTIC	2002	119	12	10	12		12	51
52	DESC: REPAIR CONDUIT AND WIRES IN	2002	108	11	10	11		11	52
53	DESC: CARPET FOR A WING	2002	4,710	942	5	942		942	53
54	DESC: GARBAGE DISPOSAL	2002	616	123	5	123		185	54
55	DESC: IDPA LICENSING	2002	450	90	5	90		135	55
56	DESC: SPRINKLER SYSTEM PHASE TWO	2002	38,439	3,844	10	3,844		3,844	56
57	DESC: IDPA LICENSING	2002	4,631	926	5	926		1,389	57
58	DESC: A/C PACKAGE HEAT PUMP	2002	865	87	10	87		87	58
59	DESC: A/C PACKAGE HEAT PUMP	2002	865	87	10	87		87	59
60	DESC: LIFE SAFETY CODE CERTIFICATI	2002	11,545	1,649	7	1,649		1,649	60
61									61
62	DESC: LIFE SAFTEY CODE CERTIFICATI	2003	90	9	5	9		9	62
63	DESC: OLV CONVERSION / ARCHITECTUR	2003	1,575	158	5	158		158	63
64	DESC: NINE NEW SMOKE DETECTORS	2003	5,734	287	10	287		287	64
65	DESC: CARPET FOR LOBBY	2003	1,063	106	5	106		106	65
66	DESC: CONSTRUCTION ADMINISTRATION-	2003	315	32	5	32		32	66
67	DESC: CEILING REPAIR	2003	2,041	102	10	102		102	67
68	DESC: REGRADE/RESOIL EMPLOYEE PARKIN	2003	7,197	360	10	360		360	68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,735,023	$ 180,041		$ 180,041	$	$ 1,647,571	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 309,697	$ 42,414	$ 42,414	$	10	$ 233,443	71
72	Current Year Purchases	4,248	203	203		10	203	72
73	Fully Depreciated Assets	86,395					86,395	73
74								74
75	TOTALS	$ 400,339	$ 42,618	$ 42,618	$		$ 320,041	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		1999 FORD ELDORADO	1999	$ 44,910	$ 5,614	$ 5,614	$	8	$ 25,262	76
77										77
78										78
79										79
80	TOTALS			$ 44,910	$ 5,614	$ 5,614	$		$ 25,262	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 5,318,275	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 228,272	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 228,272	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,992,874	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Allocation Home Office				6,140			5
6								6
7	TOTAL				$ 6,140 **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☒ X NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 48,426 Description: Nursing $46,277, Dietary $5, Admin $1,640, Home Office $504
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	N/A		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a, 3	hrs	$	910	$ 47,503	$	910	$ 47,503	1
2	Licensed Speech and Language Development Therapist	10a, 3	hrs		96	5,000		96	5,000	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a, 3	hrs		1,506	78,634	790	1,506	79,424	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				249,855		249,855	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	2,512	$ 131,137	$ 250,645	2,512	$ 381,781	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/03 (last day of reporting year)

This report must be completed even if financial statements are attached

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 8,794,696	$	1
2	Cash-Patient Deposits	77,816		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	10,376,541		3
4	Supply Inventory (priced at)	485,379		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,788		6
7	Other Prepaid Expenses	803,877		7
8	Accounts Receivable (owners or related parties)	251,746		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 20,809,843	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	7,263,715		12
13	Land	6,877,199		13
14	Buildings, at Historical Cost	72,927,547		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,543,467		16
17	Accumulated Depreciation (book methods)	(39,708,360)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	38,281		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Goodwill	147,576		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 61,089,425	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 81,899,268	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,893,009	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,831,666		28
29	Short-Term Notes Payable	1,152,937		29
30	Accrued Salaries Payable	2,954,499		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	123,166		32
33	Accrued Interest Payable	320,867		33
34	Deferred Compensation	24,581		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Party	50,095		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,350,820	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	41,981,938		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	102,004		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 42,083,942	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 50,434,762	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 31,464,506	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 81,899,268	$	48

***(See instructions.)**

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 33,384,592	1
2	Restatements (describe):		2
3	2002 Goodwill Write off per Audit	(3,481,389)	3
4	Adj. To Reconcile Consolidated Equity and Consolidated		4
5	Net Income to Nursing Facility Amounts	2,020,472	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 31,923,675	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(459,169)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (459,169)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 31,464,506	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,782,547	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,782,547	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	226,850	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 226,850	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	193,698	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 193,698	23
	D. Non-Operating Revenue		
24	Contributions	117,248	24
25	Interest and Other Investment Income***	111	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 117,359	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Purchase Discounts	12,682	28
28a	Misc. Transportation	2,642	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 15,324	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,335,778	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	798,672	31
32	Health Care	2,092,096	32
33	General Administration	1,314,586	33
	B. Capital Expense		
34	Ownership	280,938	34
	C. Ancillary Expense		
35	Special Cost Centers	250,073	35
36	Provider Participation Fee	58,582	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,794,947	40
41	**Income before Income Taxes (line 30 minus line 40)****	(459,169)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (459,169)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,032	2,080	$ 53,956	$ 25.94	1
2	Assistant Director of Nursing	1,890	1,960	43,496	22.19	2
3	Registered Nurses	11,456	12,419	259,350	20.88	3
4	Licensed Practical Nurses	23,638	26,611	466,626	17.54	4
5	Nurse Aides & Orderlies	47,674	51,076	566,318	11.09	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,895	3,239	35,381	10.92	8
9	Activity Director	1,588	2,117	29,154	13.77	9
10	Activity Assistants	3,135	3,418	28,440	8.32	10
11	Social Service Workers	1,892	2,080	23,709	11.40	11
12	Dietician					12
13	Food Service Supervisor	4,627	4,890	68,121	13.93	13
14	Head Cook	6,769	7,289	53,271	7.31	14
15	Cook Helpers/Assistants	9,656	9,944	58,253	5.86	15
16	Dishwashers					16
17	Maintenance Workers	3,614	3,818	50,584	13.25	17
18	Housekeepers	13,385	14,856	106,152	7.15	18
19	Laundry	6,231	6,678	52,172	7.81	19
20	Administrator	1,856	2,080	66,083	31.77	20
21	Assistant Administrator					21
22	Other Administrative	3,968	4,144	59,122	14.27	22
23	Office Manager					23
24	Clerical	4,247	4,826	38,231	7.92	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Pastoral Care/Dev	3,867	4,163	62,020	14.90	33
34	TOTAL (lines 1 - 33)	154,420	167,688	$ 2,120,439 *	$ 12.65	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	226	$ 16,734		35
36	Medical Director	$500/mth	6,000		36
37	Medical Records Consultant	12	581		37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	11	608		44
45	Social Service Consultant	8	456		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	257	$ 24,379		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	933	$ 46,546		50
51	Licensed Practical Nurses	3,484	116,982		51
52	Nurse Aides	10,268	218,095		52
53	TOTAL (lines 50 - 52)	14,685	$ 381,623		53

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Julie Cadle	Adminstrator		$ 66,083
Other	Other Admin		97,353
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 163,436

B. Administrative - Other

Description	Amount
Corp Service Fee	$ 67,572
Mgmt Fee	236,933
Mgmt Fee Interest	
Micellaneous	48,431
TOTAL (agree to Schedule V, line 17, col. 3)	$ 352,936
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Consulting	Various	$ 581
Consulting	Various	608
Consulting	Various	16,734
Consulting	Various	900
Consulting	Various	30,077
Consulting	Various	47,707
Purchased Services	Various	1,863
Purchased Services		3,871
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 102,341

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 41,867
Unemployment Compensation Insurance	14,118
FICA Taxes	152,114
Employee Health Insurance	192,191
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	136,248
Home Office Allocation	19,407
TOTAL (agree to Schedule V, line 22, col.8)	$ 555,945

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Dues & Subscriptions:	
Advertising and Public Relations	18,397
Home Office Allocation	2,779
Less: Public Relations Expense	( )
Non-allowable advertising	(6,008)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,168

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	5,448
Seminar Expense	
Home Office Allocation	2,227
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,675

**See instructions.

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Provena Our Lady of Victory # 0041723 Report Period Beginning: 1/1/03 Ending: 12/31/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **5048 - Life Services Network**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **Yes** If YES, what is the capacity? **107**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **3,519** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? _____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **58,582**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? **N/A** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **KPMG** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **not issued yet**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

Provena Our Lady of Victory
0041723
Attachment for Related Facilities
12/31/2003

Related Nursing Homes

Facility Name	City
Provena Our Lady of Victory	Bourbonnais
Provena Pine View Care Center	St. Charles
Provena Geneva Care Center	Geneva
Provena Cor Mariae Center	Rockford
Provena St. Joseph Center	Freeport
Provena McAuley Manor	Aurora
Provena St. Anne Center	Rockford
Provena Villa Franciscan	Joliet
Provena Heritage Village	Kankakee

Related Business Entities

Facility Name	City	Notes
Provena Clinics		Physician's Clinics
Provena Fortin Villa Learning Cer	Bourbonnais	Childrens Center
Provena Fox Knoll	Aurora	Retirement Community
Provena Health	Frankfurt	Parent Company
Provena Home Care		Home Health
Provena Home Equipment		Home Equipment
Provena Hospice		Hospice
Provena Hospitals		Hospital
Provena Laverna Terrace	Avilla, IN	Independent Living
Provena Meadowview Lodge	Kankakee	Supportive Living
Provena Senior Services	Mokena	Management Company
Provena Senior Services Pharma	Kankakee	Pharmacy
Provena St. Joseph Adult Day Ca	Freeport	Adult Day Care
Provena St. Mary's Adult Day Ca	Kankakee	Adult Day Care
Provena St. Vincent	Freeport	Community Living
St. Anne's Place	Rockford	Independent Living

PROVENA SENIOR SERVICES
MEDICAID COST REPORT WORKSHEET

ACCOUNT		DESCRIPTION	2002	2003
Activities Other				
570.503160.729100	Activ. Other	PSS OLV ACTIVITIES OTHER PURCHASED SERV	-	-
570.503160.789000	Activ. Other	PSS OLV ACTIVITIES MISCELLANEOUS	16.98	381.26
				381.26
Activities Supplies				
570.503160.716910	Activ. Supp	PSS OLV ACTIVITIES OTHER SUPPLIES	15.95	23.47
				23.47
Admin Other				
570.503160.788020	Admin Other	PSS OLV ACTIVITIES ACTIV/SPECIAL EVENTS	-	1,042.62
570.503189.789000	Admin Other	PSS OLV DEVELOPMENT MISCELLANEOUS	1,058.14	33,524.84
570.503190.708500	Admin Other	PSS OLV ADMINISTRATION NON MED SERVICES	48.09	-
570.503190.721110	Admin Other	PSS OLV ADMINISTRATION PH CORP SVC FEE	121,186.00	67,572.00
570.503190.721225	Admin Other	PSS OLV ADMINISTRATION PROVENA PSS MGMT	225,330.00	236,933.00
570.503190.778100	Admin Other	PSS OLV ADMINISTRATION DONATIONS	200.00	150.00
570.503190.788020	Admin Other	PSS OLV ADMINISTRATION ACTIV/SPECIAL EVEN	1,053.50	729.40
570.503190.788025	Admin Other	PSS OLV ADMINISTRATION FLORAL DECORATION	84.04	169.34
570.503190.789000	Admin Other	PSS OLV ADMINISTRATION MISCELLANEOUS	9,353.57	12,814.51
				352,935.71
Admin Supplies				
570.503190.716110	Admin Supp	PSS OLV ADMINISTRATION UNIFORMS	-	-
570.503190.716910	Admin Supp	PSS OLV ADMINISTRATION OTHER SUPPLIES	61.34	3,479.95
				3,479.95
Ancillary Svc Ctrs				
570.503130.717000	Ancillary	PSS OLV SKILLED NSG DRUGS	427,668.12	174,196.95
570.503130.717010	Ancillary	PSS OLV SKILLED NSG DRUG - MED PART A	79,169.45	75,658.06
				249,855.01
Clerical Other				
570.503130.725720	Clerical Other	PSS OLV SKILLED NSG FREIGHT	0.38	-
570.503172.725710	Clerical Other	PSS OLV PLANT ENG POSTAGE/MAIL/COURIER	-	-
570.503188.789000	Clerical Other	PSS OLV PASTORAL CARE MISCELLANEOUS	16.68	581.90
570.503189.725710	Clerical Other	PSS OLV DEVELOPMENT POSTAGE/MAIL/COURIE	-	250.00
570.503190.725710	Clerical Other	PSS OLV ADMINISTRATION POSTAGE/MAIL/COUR	6,105.41	3,712.60
570.503190.750400	Clerical Other	PSS OLV ADMINISTRATION TELEPHONE	8,569.56	11,682.81
				16,227.31
Clerical Supplies				
570.503130.716420	Clerical Sup	PSS OLV SKILLED NSG OFFICE SUPPLIES	3,139.53	1,516.90
570.503160.716420	Clerical Sup	PSS OLV ACTIVITIES OFFICE SUPPLIES	2,434.83	324.33
570.503170.716420	Clerical Sup	PSS OLV DIETARY OFFICE SUPPLIES	553.46	(22.64)
570.503174.716910	Clerical Sup	PSS OLV HOUSEKEEPING OTHER SUPPLIES	11,965.78	124.29
570.503180.716420	Clerical Sup	PSS OLV EMP BENEFITS OFFICE SUPPLIES	3,406.90	-
570.503188.716420	Clerical Sup	PSS OLV PASTORAL CARE OFFICE SUPPLIES	4.00	-
570.503189.716910	Clerical Sup	PSS OLV DEVELOPMENT OTHER SUPPLIES	-	-
570.503190.716420	Clerical Sup	PSS OLV ADMINISTRATION OFFICE SUPPLIES	6,418.98	7,987.42
				9,930.30
Contribution				
570.503112.630000	Contribution	PSS OLV NONOP INC UNRE UNRESTRICTED CON	(109,143.15)	(87,797.29)
				(87,797.29)
Depreciation				
570.503193.740465	Depreciation	PSS OLV DEPRECIATION DEPR-LAND IMPROV	9,893.63	10,692.68
570.503193.740475	Depreciation	PSS OLV DEPRECIATION DEPR-BUILDING	181,059.66	171,767.99
570.503193.740485	Depreciation	PSS OLV DEPRECIATION DEPR-FIXED EQUIP	1,893.88	4,314.51
570.503193.740490	Depreciation	PSS OLV DEPRECIATION DEPR-MAJOR MOVE EQ	59,966.61	46,240.35
				233,015.53
Dietary Other				
570.503130.718800	Diet Other	PSS OLV SKILLED NSG DIETARY SUPPLEMENTS	13,499.23	1,156.71
570.503160.718900	Diet Other	PSS OLV ACTIVITIES DIETARY SUPPLIES	-	-
570.503170.716410	Diet Other	PSS OLV DIETARY PAPER GOODS	4,066.08	7,355.22
570.503170.716520	Diet Other	PSS OLV DIETARY DISHES, GLASS & SILV	330.27	607.17
570.503170.718800	Diet Other	PSS OLV DIETARY DIETARY SUPPLEMENTS	9,846.94	1,946.15
570.503170.718900	Diet Other	PSS OLV DIETARY DIETARY SUPPLIES	797.63	101.01
570.503170.729100	Diet Other	PSS OLV DIETARY OTHER PURCHASED SERV	7,589.16	5,305.00
570.503170.789000	Diet Other	PSS OLV DIETARY MISCELLANEOUS	-	75.11
				16,546.37
Dietary Supplies				
570.503130.718900	Diet Supp	PSS OLV SKILLED NSG DIETARY SUPPLIES	7,976.86	(3,041.34)
570.503170.716910	Diet Supp	PSS OLV DIETARY OTHER SUPPLIES	849.99	579.50
				(2,461.84)
Dues, Fees, Subs, and Promotions				
570.503130.716430	Dues, Fees	PSS OLV SKILLED NSG PUBLICATIONS/PRINTED	1,052.35	848.55
570.503130.716610	Dues, Fees	PSS OLV SKILLED NSG BOOKS, SUBSCRIPTIONS	230.01	221.99
570.503130.725610	Dues, Fees	PSS OLV SKILLED NSG DUES	125.00	90.00
570.503160.725610	Dues, Fees	PSS OLV ACTIVITIES DUES	-	39.24
570.503170.716430	Dues, Fees	PSS OLV DIETARY PUBLICATIONS/PRINTED	89.75	-
570.503170.725610	Dues, Fees	PSS OLV DIETARY DUES	-	165.00
570.503172.716420	Dues, Fees	PSS OLV PLANT ENG OFFICE SUPPLIES	593.75	37.45
570.503172.716610	Dues, Fees	PSS OLV PLANT ENG BOOKS, SUBSCRIPTIONS	-	99.73
570.503190.716430	Dues, Fees	PSS OLV ADMINISTRATION PUBLICATIONS/PRINT	1,216.40	1,597.17
570.503190.716610	Dues, Fees	PSS OLV ADMINISTRATION BOOKS, SUBSCRIPTI(	190.85	40.60
570.503190.725410	Dues, Fees	PSS OLV ADMINISTRATION ADVERT/MARKETING	5,481.92	5,742.54
570.503190.725415	Dues, Fees	PSS OLV ADMINISTRATION OUTSIDE PRINTING	425.38	265.58
570.503190.725420	Dues, Fees	PSS OLV ADMINISTRATION RECRUITMENT	2,951.77	4,326.81
570.503190.725610	Dues, Fees	PSS OLV ADMINISTRATION DUES	5,811.51	4,922.75
				18,397.41
Employee Benefits and Payroll Taxes				
570.503130.704500	EE Benefits	PSS OLV SKILLED NSG INCENTIVE COMP	-	-
570.503130.706100	EE Benefits	PSS OLV SKILLED NSG FICA	107,884.26	103,641.80
570.503130.706400	EE Benefits	PSS OLV SKILLED NSG GRP HEALTH INSURANCE	(34,035.18)	-
570.503130.706450	EE Benefits	PSS OLV SKILLED NSG GRP VISION INSURANCE	(2,076.88)	-
570.503130.706500	EE Benefits	PSS OLV SKILLED NSG GRP DENTAL INSURANCE	(8,903.18)	-
570.503130.706810	EE Benefits	PSS OLV SKILLED NSG PENSION-MATCH	6,167.24	6,386.86
570.503160.706100	EE Benefits	PSS OLV ACTIVITIES FICA	4,114.16	4,281.84
570.503160.706400	EE Benefits	PSS OLV ACTIVITIES GRP HEALTH INSURANCE	(662.66)	-
570.503160.706450	EE Benefits	PSS OLV ACTIVITIES GRP VISION INSURANCE	(352.71)	-
570.503160.706500	EE Benefits	PSS OLV ACTIVITIES GRP DENTAL INSURANCE	(443.57)	-
570.503160.706810	EE Benefits	PSS OLV ACTIVITIES PENSION-MATCH	706.04	828.77
570.503162.706100	EE Benefits	PSS OLV SOCIAL WORK FICA	2,291.85	1,740.46
570.503162.706400	EE Benefits	PSS OLV SOCIAL WORK GRP HEALTH INSURANC	(1,552.90)	-
570.503162.706450	EE Benefits	PSS OLV SOCIAL WORK GRP VISION INSURANCE	(67.11)	-
570.503162.706500	EE Benefits	PSS OLV SOCIAL WORK GRP DENTAL INSURANC	(368.49)	-
570.503162.706810	EE Benefits	PSS OLV SOCIAL WORK PENSION-MATCH	511.22	445.80
570.503162.725330	EE Benefits	PSS OLV SOCIAL WORK CONSULTING	669.75	456.00
570.503170.704500	EE Benefits	PSS OLV DIETARY INCENTIVE COMP	-	-
570.503170.706100	EE Benefits	PSS OLV DIETARY FICA	14,445.71	13,172.31
570.503170.706400	EE Benefits	PSS OLV DIETARY GRP HEALTH INSURANCE	(4,738.65)	-
570.503170.706450	EE Benefits	PSS OLV DIETARY GRP VISION INSURANCE	(176.49)	-
570.503170.706500	EE Benefits	PSS OLV DIETARY GRP DENTAL INSURANCE	(813.73)	-
570.503170.706810	EE Benefits	PSS OLV DIETARY PENSION-MATCH	503.19	556.93
570.503172.704500	EE Benefits	PSS OLV PLANT ENG INCENTIVE COMP	-	-
570.503172.706100	EE Benefits	PSS OLV PLANT ENG FICA	3,668.10	3,602.86
570.503172.706400	EE Benefits	PSS OLV PLANT ENG GRP HEALTH INSURANCE	(1,338.39)	-
570.503172.706450	EE Benefits	PSS OLV PLANT ENG GRP VISION INSURANCE	0.21	-
570.503172.706500	EE Benefits	PSS OLV PLANT ENG GRP DENTAL INSURANCE	(400.60)	-
570.503172.706810	EE Benefits	PSS OLV PLANT ENG PENSION-MATCH	579.26	701.45
570.503174.706100	EE Benefits	PSS OLV HOUSEKEEPING FICA	8,593.02	7,605.47
570.503174.706400	EE Benefits	PSS OLV HOUSEKEEPING GRP HEALTH INSURAN	(5,692.02)	-
570.503174.706450	EE Benefits	PSS OLV HOUSEKEEPING GRP VISION INSURANC	(537.94)	-
570.503174.706500	EE Benefits	PSS OLV HOUSEKEEPING GRP DENTAL INSURAN	(986.74)	-
570.503174.706810	EE Benefits	PSS OLV HOUSEKEEPING PENSION-MATCH	754.28	693.71
570.503176.706100	EE Benefits	PSS OLV LAUNDRY FICA	2,951.57	3,680.12
570.503176.706400	EE Benefits	PSS OLV LAUNDRY GRP HEALTH INSURANCE	(1,845.70)	-
570.503176.706450	EE Benefits	PSS OLV LAUNDRY GRP VISION INSURANCE	(177.29)	-
570.503176.706500	EE Benefits	PSS OLV LAUNDRY GRP DENTAL INSURANCE	(522.73)	-
570.503176.706810	EE Benefits	PSS OLV LAUNDRY PENSION-MATCH	585.24	765.39
570.503180.706100	EE Benefits	PSS OLV EMP BENEFITS FICA	(3,080.32)	(30.40)
570.503180.706200	EE Benefits	PSS OLV EMP BENEFITS UNEMPLOYMENT	42,395.39	14,118.00
570.503180.706300	EE Benefits	PSS OLV EMP BENEFITS WORKERS COMPENSAT	43,393.00	41,867.00
570.503180.706400	EE Benefits	PSS OLV EMP BENEFITS GRP HEALTH INSURANC	215,823.13	192,834.72
570.503180.706450	EE Benefits	PSS OLV EMP BENEFITS GRP VISION INSURANCE	4,184.82	804.03
570.503180.706500	EE Benefits	PSS OLV EMP BENEFITS GRP DENTAL INSURANC	19,092.86	7,020.00
570.503180.706600	EE Benefits	PSS OLV EMP BENEFITS GROUP LIFE INSURANC	20,921.13	10,813.54
570.503180.706800	EE Benefits	PSS OLV EMP BENEFITS PENSION-FUNDING	57,468.00	96,249.44
570.503180.706810	EE Benefits	PSS OLV EMP BENEFITS PENSION-MATCH	1,610.10	-
570.503180.707100	EE Benefits	PSS OLV EMP BENEFITS EXECUTIVE BENEFITS	7,828.33	5,243.51
570.503180.707900	EE Benefits	PSS OLV EMP BENEFITS OTHER BENEFITS	4,484.53	4,951.96
570.503188.706400	EE Benefits	PSS OLV PASTORAL CARE GRP HEALTH INSURA	(895.40)	-
570.503188.706450	EE Benefits	PSS OLV PASTORAL CARE GRP VISION INSURAN	(67.29)	-
570.503188.706500	EE Benefits	PSS OLV PASTORAL CARE GRP DENTAL INSURA	(148.66)	-
570.503188.706810	EE Benefits	PSS OLV PASTORAL CARE PENSION-MATCH	1,288.02	-
570.503189.704500	EE Benefits	PSS OLV DEVELOPMENT INCENTIVE COMP	-	-
570.503189.706100	EE Benefits	PSS OLV DEVELOPMENT FICA	2,183.16	2,194.75
570.503189.706400	EE Benefits	PSS OLV DEVELOPMENT GRP HEALTH INSURAN(	(1,771.63)	-
570.503189.706450	EE Benefits	PSS OLV DEVELOPMENT GRP VISION INSURANC	(177.29)	-
570.503189.706500	EE Benefits	PSS OLV DEVELOPMENT GRP DENTAL INSURAN(	(532.85)	-
570.503190.704500	EE Benefits	PSS OLV ADMINISTRATION INCENTIVE COMP	-	-
570.503190.706100	EE Benefits	PSS OLV ADMINISTRATION FICA	12,507.77	12,224.94
570.503190.706400	EE Benefits	PSS OLV ADMINISTRATION GRP HEALTH INSURA	(7,658.67)	(644.20)
570.503190.706450	EE Benefits	PSS OLV ADMINISTRATION GRP VISION INSURAN	(505.42)	-
570.503190.706500	EE Benefits	PSS OLV ADMINISTRATION GRP DENTAL INSURA	(1,209.21)	-
570.503190.706600	EE Benefits	PSS OLV ADMINISTRATION GROUP LIFE INSURAI	-	(107.80)
570.503190.706810	EE Benefits	PSS OLV ADMINISTRATION PENSION-MATCH	1,002.81	438.73
				536,537.99
Food Purchases				
570.503130.718000	Food Purch	PSS OLV SKILLED NSG FOOD	715.04	(463.36)
570.503160.718000	Food Purch	PSS OLV ACTIVITIES FOOD	-	273.62
570.503170.718000	Food Purch	PSS OLV DIETARY FOOD	162,989.24	144,706.79
570.503170.718100	Food Purch	PSS OLV DIETARY PRODUCE	60.40	-
570.503170.718150	Food Purch	PSS OLV DIETARY DAIRY, MILK	144.65	3,650.53
570.503170.718200	Food Purch	PSS OLV DIETARY BEVERAGES	-	1,630.98
570.503170.718300	Food Purch	PSS OLV DIETARY BAKERY PRODUCTS	-	397.35
570.503174.718000	Food Purch	PSS OLV HOUSEKEEPING FOOD	-	34.69
570.503190.718000	Food Purch	PSS OLV ADMINISTRATION FOOD	142.07	1,265.74
				151,496.34
Gross Revenue				
570.503136.430100	Gross Rev	PSS OLV INTERMEDIATE MEDICARE LTC	-	-
570.503136.430200	Gross Rev	PSS OLV INTERMEDIATE MEDICAID LTC	(2,535,923.55)	(2,623,027.85)
570.503136.430800	Gross Rev	PSS OLV INTERMEDIATE SELF PAY/OTHER LTC	(659,320.01)	(520,029.75)
570.503140.430100	Gross Rev	PSS OLV SKILLED MEDICARE LTC	(339,158.25)	(448,836.12)
570.503140.430200	Gross Rev	PSS OLV SKILLED MEDICAID LTC	-	-
570.503140.430800	Gross Rev	PSS OLV SKILLED SELF PAY/OTHER LTC	(127,427.70)	7,624.00
570.503140.510130	Gross Rev	PSS OLV SKILLED MEDICARE SNF IP	(49,156.39)	(196,801.08)
570.503142.430100	Gross Rev	PSS OLV ANCILL SUP MEDICARE LTC	(2,738.03)	(1,838.11)
570.503142.430800	Gross Rev	PSS OLV ANCILL SUP SELF PAY/OTHER LTC	(53,649.77)	361.50
				(3,782,547.41)
Heat & Other Utilities				
570.503192.750100	Heat & Other	PSS OLV PROPERTY MGMT ELECTRICITY	74,583.83	69,109.07
570.503192.750200	Heat & Other	PSS OLV PROPERTY MGMT NATURAL GAS	12,072.31	17,124.42
570.503192.750300	Heat & Other	PSS OLV PROPERTY MGMT WATER	8,850.65	8,691.74
570.503192.750500	Heat & Other	PSS OLV PROPERTY MGMT CABLE TV/SATELLITE	3,495.12	7,234.59
570.503192.750600	Heat & Other	PSS OLV PROPERTY MGMT SEWER/GARBAGE	18,646.91	17,504.69
				119,664.51
Housekeeping Other				
570.503174.729100	Housek Other	PSS OLV HOUSEKEEPING OTHER PURCHASED S	1,430.00	1,470.00
				1,470.00
Housekeeping Supplies				
570.503170.716810	Housek Sup	PSS OLV DIETARY CLEANING SUPPLIES	2,989.89	(37.48)
570.503172.716810	Housek Sup	PSS OLV PLANT ENG CLEANING SUPPLIES	17.06	543.87
570.503174.710600	Housek Sup	PSS OLV HOUSEKEEPING GLOVES	1,221.14	1,509.84
570.503174.716420	Housek Sup	PSS OLV HOUSEKEEPING OFFICE SUPPLIES	-	6.02
570.503174.716810	Housek Sup	PSS OLV HOUSEKEEPING CLEANING SUPPLIES	9,290.93	14,894.65
570.503176.716810	Housek Sup	PSS OLV LAUNDRY CLEANING SUPPLIES	3,797.80	6,838.41
				23,755.31
Inservice Training				
570.503130.725820	Inservice	PSS OLV SKILLED NSG EDUCATION/CONFERENC	2,969.86	1,770.42
570.503160.725820	Inservice	PSS OLV ACTIVITIES EDUCATION/CONFERENCE	-	215.00
570.503170.725820	inservice	PSS OLV DIETARY EDUCATION/CONFERENCE	55.00	-
570.503172.725820	inservice	PSS OLV PLANT ENG EDUCATION/CONFERENCE	22.44	-
570.503189.725820	inservice	PSS OLV DEVELOPMENT EDUCATION/CONFEREI	310.66	-
570.503190.725820	inservice	PSS OLV ADMINISTRATION EDUCATION/CONFER	8,906.20	2,578.34
				4,563.76
Insurance				
570.503190.761100	Insurance	PSS OLV ADMINISTRATION GENERAL LIABILITY	29,204.00	32,096.00
570.503190.762100	Insurance	PSS OLV ADMINISTRATION PROPERTY	-	4,812.00
570.503190.763100	Insurance	PSS OLV ADMINISTRATION AUTOMOBILE	-	3,348.00
				40,256.00
Interest				
570.503110.613015	Interest	PSS OLV OTHER OPER INC INTEREST INCOME	-	(112.54)
				(112.54)
Laundry Other				
570.503176.716120	Laundry Other	PSS OLV LAUNDRY LINEN	5,403.03	4,987.23
570.503176.716910	Laundry Other	PSS OLV LAUNDRY OTHER SUPPLIES	2,405.54	146.95
				5,134.18
Maintenance Other				
570.503130.716710	Maint. Other	PSS OLV SKILLED NSG REPAIR & MAINT PARTS	59.35	129.83
570.503160.726100	Maint. Other	PSS OLV ACTIVITIES AUTOMOBILE GAS/MAINT	-	314.73
570.503170.716710	Maint. Other	PSS OLV DIETARY REPAIR & MAINT PARTS	188.61	809.74
570.503172.716710	Maint. Other	PSS OLV PLANT ENG REPAIR & MAINT PARTS	1,866.81	7,533.32
570.503172.725205	Maint. Other	PSS OLV PLANT ENG MAINTENANCE CONTRACT	1,035.30	853.34
570.503172.726100	Maint. Other	PSS OLV PLANT ENG AUTOMOBILE GAS/MAINT	483.45	457.75
570.503172.726110	Maint. Other	PSS OLV PLANT ENG REPAIR & MAINT-BUILD	8,446.48	6,571.37
570.503172.726120	Maint. Other	PSS OLV PLANT ENG REPAIR & MAINT-EQUIP	1,925.53	3,070.71
570.503172.726710	Maint. Other	PSS OLV PLANT ENG PREVENT MAINT-BUILD	(1,069.70)	1,089.70
570.503172.726720	Maint. Other	PSS OLV PLANT ENG PREVENT MAINT-EQUIP	-	79.20
570.503172.728320	Maint. Other	PSS OLV PLANT ENG LAWN CARE	1,610.00	1,880.90
570.503172.728330	Maint. Other	PSS OLV PLANT ENG SNOW REMOVAL	807.82	662.18
570.503172.729100	Maint. Other	PSS OLV PLANT ENG OTHER PURCHASED SERV	1,855.45	2,914.42
570.503172.789000	Maint. other	PSS OLV PLANT ENG MISCELLANEOUS	265.82	57.11
570.503172.795076	Maint. Other	PSS OLV PLANT ENG PEST CONTROL	-	420.00
570.503174.716710	Maint. Other	PSS OLV HOUSEKEEPING REPAIR & MAINT PART	-	932.28
570.503189.725205	Maint. Other	PSS OLV DEVELOPMENT MAINTENANCE CONTR/	-	-
570.503190.716710	Maint. Other	PSS OLV ADMINISTRATION REPAIR & MAINT PAR	47.62	28.44
570.503190.725205	Maint. other	PSS OLV ADMINISTRATION MAINTENANCE CONT	634.99	2,757.09
570.503190.726100	Maint. Other	PSS OLV ADMINISTRATION AUTOMOBILE GAS/M/	-	194.70
				30,756.81
Maintenance Supplies				
570.503130.716510	Maint. Supp	PSS OLV SKILLED NSG MINOR EQUIPMENT	683.89	510.72
570.503170.716510	Maint. Supp	PSS OLV DIETARY MINOR EQUIPMENT	1,064.61	-
570.503172.716910	Maint. Supp	PSS OLV PLANT ENG OTHER SUPPLIES	5,205.36	908.40
570.503174.716510	Maint. Supp	PSS OLV HOUSEKEEPING MINOR EQUIPMENT	-	318.59
570.503190.716510	Maint. Supp	PSS OLV ADMINISTRATION MINOR EQUIPMENT	619.82	-
				1,737.71
Medical Director				
570.503190.725010	Medical Dir	PSS OLV ADMINISTRATION PHYSICIANS & DENTI	6,500.00	6,000.00
				6,000.00
Non Patient Meals				
570.503110.651240	Non Pat food	PSS OLV OTHER OPER INC CAFETERIA SALES	(71.25)	-
				-
Nsg & Med Rec Other				
570.503130.708110	Nsg Other	PSS OLV SKILLED NSG MED SERVICES-RN	56,878.08	46,545.64
570.503130.708130	Nsg Other	PSS OLV SKILLED NSG MED SERVICES-LPN	42,295.86	116,982.08
570.503130.708150	Nsg Other	PSS OLV SKILLED NSG MED SERVICES-AIDE	249,398.32	218,095.46
570.503130.716110	Nsg Other	PSS OLV SKILLED NSG UNIFORMS	-	3.13
570.503130.716120	Nsg Other	PSS OLV SKILLED NSG LINEN	1,991.87	3,519.47
570.503130.716910	Nsg Other	PSS OLV SKILLED NSG OTHER SUPPLIES	9,982.12	(159.21)
570.503130.729100	Nsg Other	PSS OLV SKILLED NSG OTHER PURCHASED SER	1,067.50	(574.38)
570.503130.789000	Nsg Other	PSS OLV SKILLED NSG MISCELLANEOUS	9,489.78	895.10
				385,307.29
Nsg & Med Rec Supplies				
570.503130.710100	Nsg Supp	PSS OLV SKILLED NSG MED/SURG SUPPLIES	19,817.75	16,682.25
570.503130.710200	Nsg Supp	PSS OLV SKILLED NSG DRESSINGS & BANDAGES	2,146.97	2,795.93
570.503130.710400	Nsg Supp	PSS OLV SKILLED NSG SUTURES/STAPLES	-	3.00
570.503130.710600	Nsg Supp	PSS OLV SKILLED NSG GLOVES	12,024.57	14,883.93
570.503130.710700	Nsg Supp	PSS OLV SKILLED NSG NEEDLES/SYRINGES	4,303.56	3,782.68
570.503130.710800	Nsg Supp	PSS OLV SKILLED NSG KITS/PACKS/TRAYS	12.21	15.04
570.503130.710810	Nsg Supp	PSS OLV SKILLED NSG URO CATHS/TRAYS/KITS	1,022.32	1,271.82
570.503130.710930	Nsg Supp	PSS OLV SKILLED NSG EKG/EEG SUPPLIES	72.15	-
570.503130.713330	Nsg Supp	PSS OLV SKILLED NSG LAB SUPPLIES	10,957.95	9,679.60
570.503130.714110	Nsg Supp	PSS OLV SKILLED NSG OXYGEN	20,192.05	12,419.40
570.503130.717900	Nsg Supp	PSS OLV SKILLED NSG IV SOLUTIONS & SETS	532.40	494.18
				62,027.83
Other Gen				
570.503188.716910	Other Gen	PSS OLV PASTORAL CARE OTHER SUPPLIES	143.55	25.90
570.503195.770100	Other Gen	PSS OLV BAD DEBT BAD DEBT EXPENSE	139,007.53	61,007.09
				61,032.99

Other Income						
570.503110.651690	Other Income	PSS OLV OTHER OPER INC CONSORTA REBATES	(2,437.87)	(12,682.02)		
570.503110.651900	Other Income	PSS OLV OTHER OPER INC MISC INCOME	(2,511.16)	(2,645.60)		
570.503112.631010	Other Income	PSS OLV NONOP INC UNRE NET ASSETS RELEAS	-	(29,450.69)		
570.503116.651900	Other Income	PSS OLV NONOP INC R/O MISC INCOME	-	3.60		
				(44,774.71)		
Professional Svcs						
570.503130.725330	Pro Svcs	PSS OLV SKILLED NSG CONSULTING	1,105.00	581.25		
570.503160.725330	Pro Svcs	PSS OLV ACTIVITIES CONSULTING	40.31	608.11		
570.503170.725330	Pro Svcs	PSS OLV DIETARY CONSULTING	6,112.50	16,733.85		
570.503188.729100	Pro Svcs	PSS OLV PASTORAL CARE OTHER PURCHASED !	2,740.00	1,862.86		
570.503189.725330	Pro Svcs	PSS OLV DEVELOPMENT CONSULTING	-	900.00		
570.503190.725310	Pro Svcs	PSS OLV ADMINISTRATION LEGAL	300.33	-		
570.503190.725330	Pro Svcs	PSS OLV ADMINISTRATION CONSULTING	21,119.59	30,076.68		
570.503190.725335	Pro Svcs	PSS OLV ADMINISTRATION CONSULTING-SOFTW	48,096.00	47,707.00		
570.503190.729100	Pro Svcs	PSS OLV ADMINISTRATION OTHER PURCHASED	2,710.32	3,871.57		
				102,341.32		
Provider Participation Fee						
570.503136.772900	Provid Part	PSS OLV INTERMEDIATE SNF ASSESSMENT	58,582.50	58,582.50		
				58,582.50		
Rent						
570.503130.776200	Rent	PSS OLV SKILLED NSG RENTAL/LEASE-EQUIP	32,139.71	43,154.37		
570.503130.776900	rent	PSS OLV SKILLED NSG RENTAL/LEASE-OTHER	5,133.85	3,122.60		
570.503170.776900	rent	PSS OLV DIETARY RENTAL/LEASE-OTHER	350.50	5.50		
570.503172.776900	rent	PSS OLV PLANT ENG RENTAL/LEASE-OTHER	213.75	-		
570.503190.776200	rent	PSS OLV ADMINISTRATION RENTAL/LEASE-EQUI	-	446.65		
570.503190.776900	rent	PSS OLV ADMINISTRATION RENTAL/LEASE-OTHE	-	1,193.16		
				47,922.28		
Social Svc Other						
570.503162.729100	S. Svc Other	PSS OLV SOCIAL WORK OTHER PURCHASED SEI	242.25	-		
				-		
Other						
570.503130.701010	Salary	PSS OLV SKILLED NSG VARIABLE SAL-RN	257,796.88	259,350.22		
570.503130.701030	Salary	PSS OLV SKILLED NSG VARIABLE SAL-LPN	511,996.72	466,626.09		
570.503130.701050	Salary	PSS OLV SKILLED NSG VARIABLE SAL-AIDE	528,244.86	530,108.70		
570.503130.701070	Salary	PSS OLV SKILLED NSG VARIABLE SAL-TECH	40,149.41	35,381.00		
570.503130.701090	Salary	PSS OLV SKILLED NSG VARIABLE SAL-OTHER	29,910.50	36,208.93		
570.503130.704100	Salary	PSS OLV SKILLED NSG FIXED SALARIES	98,044.77	97,451.72		
570.503160.701090	Salary	PSS OLV ACTIVITIES VARIABLE SAL-OTHER	27,156.25	28,439.86		
570.503160.704100	Salary	PSS OLV ACTIVITIES FIXED SALARIES	28,648.69	29,154.41		
570.503162.701090	Salary	PSS OLV SOCIAL WORK VARIABLE SAL-OTHER	9,762.75	-		
570.503162.704100	Salary	PSS OLV SOCIAL WORK FIXED SALARIES	23,483.06	23,709.49		
570.503170.701050	Salary	PSS OLV DIETARY VARIABLE SAL-AIDE	308.36	-		
570.503170.701090	Salary	PSS OLV DIETARY VARIABLE SAL-OTHER	121,741.28	111,523.72		
570.503170.704100	Salary	PSS OLV DIETARY FIXED SALARIES	73,398.14	68,121.25		
570.503172.701090	Salary	PSS OLV PLANT ENG VARIABLE SAL-OTHER	14,150.03	14,249.48		
570.503172.704100	Salary	PSS OLV PLANT ENG FIXED SALARIES	35,163.50	36,334.37		
570.503174.701050	Salary	PSS OLV HOUSEKEEPING VARIABLE SAL-AIDE	123,219.32	106,151.79		
570.503174.704100	Salary	PSS OLV HOUSEKEEPING FIXED SALARIES	(20.00)	-		
570.503176.701050	Salary	PSS OLV LAUNDRY VARIABLE SAL-AIDE	42,045.87	52,172.84		
570.503176.704100	Salary	PSS OLV LAUNDRY FIXED SALARIES	-	-		
570.503188.704100	Salary	PSS OLV PASTORAL CARE FIXED SALARIES	28,824.83	29,575.26		
570.503189.704100	Salary	PSS OLV DEVELOPMENT FIXED SALARIES	31,204.50	32,444.61		
570.503190.701090	Salary	PSS OLV ADMINISTRATION VARIABLE SAL-OTHEI	34,220.53	24,008.64		
570.503190.704100	Salary	PSS OLV ADMINISTRATION FIXED SALARIES	134,450.83	139,427.53		
				2,120,439.91		
Sale of Drugs						
570.503110.530700	Sale of Drug	PSS OLV OTHER OPER INC PHARMACY ALLOWAI	230,233.76	66,595.28		
570.503110.651600	Sale of Drug	PSS OLV OTHER OPER INC PHARMACY	(667,400.70)	(182,674.78)		
570.503110.651610	Sale of Drug	PSS OLV OTHER OPER INC PHARMACY-PART A	(79,169.45)	(77,618.65)		
				(193,698.15)		
Therapy Other						
570.503130.725321	Therapy Other	PSS OLV SKILLED NSG MCRA PHYS THX EXP	47,823.37	54,698.37		
570.503130.725322	Therapy Other	PSS OLV SKILLED NSG MCRA OCCU THX EXP	31,598.53	35,051.91	PT	78,633.95
570.503130.725323	Therapy Other	PSS OLV SKILLED NSG MCRA SPEECH THX EXP	8,000.96	4,973.74	OT	47,502.77
570.503130.725324	Therapy Other	PSS OLV SKILLED NSG MCRB PHYS THX EXP	35,259.39	21,892.02	ST	4,999.84
570.503130.725325	Therapy Other	PSS OLV SKILLED NSG MCRB OCCU THX EXP	25,326.11	12,246.41		
570.503130.725326	Therapy Other	PSS OLV SKILLED NSG MCRB SPEECH THX EXP	6,612.53	26.10		
570.503130.725327	Therapy Other	PSS OLV SKILLED NSG PVT PHYS THX EXP	2,494.54	2,043.56		
570.503130.725328	Therapy Other	PSS OLV SKILLED NSG PVT PAY OCCU THX EXP	1,477.35	204.45		
570.503130.725329	Therapy Other	PSS OLV SKILLED NSG PVT PAY SPCH THX EXP	324.00	-		
				131,136.56		
Therapy Revenue						
570.503110.651611	Therapy Rev	PSS OLV OTHER OPER INC MCRA PHYS THPY RE	(99,171.56)	(104,760.01)		
570.503110.651612	Therapy Rev	PSS OLV OTHER OPER INC MCRA OCCUP THPY F	(68,773.00)	(68,090.51)		
570.503110.651613	Therapy Rev	PSS OLV OTHER OPER INC MCRA SPEECH THPY	(21,645.11)	(11,444.43)		
570.503110.651614	Therapy Rev	PSS OLV OTHER OPER INC MCRB PHY THPY REV	(47,196.14)	(23,970.10)		
570.503110.651615	Therapy Rev	PSS OLV OTHER OPER INC MCRB OCCUP THPY F	(26,980.70)	(13,563.58)		
570.503110.651616	Therapy Rev	PSS OLV OTHER OPER INC MCRB SPEECH THPY	(6,335.20)	30.72		
570.503110.651617	Therapy Rev	PSS OLV OTHER OPER INC PVT PAY PHY THPY R	238.81	30,546.50		
570.503110.651618	Therapy Rev	PSS OLV OTHER OPER INC PVT PAY OCC THPY F	(589.36)	(14,365.78)		
570.503110.651619	Therapy Rev	PSS OLV OTHER OPER INC PVT PAY SPCH THY R	(559.10)	(21,232.94)		
				(226,850.13)		
Therapy Supplies						
570.503130.710900	Therapy Supp	PSS OLV SKILLED NSG REHAB SUPPLIES	1,058.67	789.81		
				789.81		
Travel						
570.503130.725810	Travel	PSS OLV SKILLED NSG TRAVEL	1,277.39	1,510.75		
570.503160.725810	Travel	PSS OLV ACTIVITIES TRAVEL	-	332.40		
570.503172.725810	Travel	PSS OLV PLANT ENG TRAVEL	7.04	280.26		
570.503189.725810	Travel	PSS OLV DEVELOPMENT TRAVEL	71.96	244.48		
570.503190.725810	Travel	PSS OLV ADMINISTRATION TRAVEL	1,073.11	3,080.24		
				5,448.13	(4,335,667.69)	
570.503190.789010		PSS OLV ADMINISTRATION MISC EXP-ALLOCATE	-	218.00	4,794,837.17	
				218.00		
				459,169.48		